

Keys to Breastfeeding Success; Putting the 10 Steps into Practice

LT COL Maureen Tate, MD
Elizabeth Flight, RN, IBCLC

An International Perspective

- Breastmilk is recognized as the best and most complete nutrition for infants
- The World Health Organization (WHO) and the United Nations Children Fund (UNICEF) have implemented many standards and initiatives to help promote breastfeeding worldwide




Historical Perspective

- 40's-70's (hand-rearing)
- 80's-90's (awareness)
 - “Innocenti Declaration”
 - “WHO Code”
 - Surgeon General’s Workshops



An International Perspective

International Codes and Initiatives and what they do:

- **WHO International Code of Marketing of Breastmilk Substitutes;**  Elimination of free and subsidized supplies of breastmilk substitutes.
- **Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding**  A statement committing both the WHO and UNICEF to the “protection, promotion and support of breast-feeding.”
- **The Baby-Friendly Hospital Initiative**  An initiative encouraging maternity-care providers to help implement breastfeeding locally and nationally.

As stated in the Innocenti Declaration

Breastmilk...

- provides ideal nutrition for infants and contributes to their healthy growth and development
- reduces incidence and severity of infectious diseases thereby lowering infant morbidity and mortality
- contributes to women's health by reducing the risk of breast and ovarian cancer by increasing the space between pregnancies
- provides social and economic benefits to the family and nation
- provides most women with a sense of satisfaction

Baby-Friendly Hospital Initiative

- Created in 1991
- Based on the WHO/UNICEF statement “Protecting, Promoting and Supporting Breast-feeding: The Special Role of Maternity Services.”
- Includes a 10-step process

Healthy People 2000-2010

- Goal to increase breastfeeding rates
 - 75% initiating in the hospital
 - 50% exclusively breastfeeding at 6 months
 - 25% breastfeeding with complementary foods at 1 year

10 Steps to Successful Breastfeeding

Every facility providing maternity services and care for newborn infants should:

- Have a written breast-feeding policy that is routinely communicated to all health care staff
- Train all health care staff in skills necessary to implement this policy
- Inform all pregnant women about the benefits and management of breast-feeding
- Help mothers initiate breast-feeding within a half-hour of birth
- Show mothers how to breast-feed, and how to maintain lactation even if they should be separated from their infants
- Give newborn infants no food or drink other than breast milk, unless medically indicated
- Practice rooming-in -- allow mothers and infants to remain together -- 24 hours a day
- Encourage breast-feeding on demand
- Give no artificial teats or pacifiers (also called dummies or soothers) to breast-feeding infants
- Foster the establishment of breast-feeding support groups and refer mothers to them on discharge from the hospital or clinic



“The prevalence of breastfeeding reflects the importance placed upon it by society.”

Riordan and Auerbach

Why Breastfeed?

- Mother's milk provides optimal nutrition and emotional nurturing for the growth of infants
- It's a basic human right, contributing to a woman's social and economic equality as well as giving the child access to the highest attainable standard of health and nutrition
- Provides positive economic advantages to baby, mother, family and the community
- Healthy mothers and babies mean substantial savings in health care costs

"Breastfeeding is the most precious gift a mother can give her infant. When there is illness or malnutrition, it may be a lifesaving gift; when there is poverty, it may be the only gift."

Dr. Ruth Lawrence

Benefits of Breastfeeding

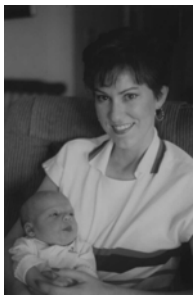
- Most complete form of nutrition
- Protective against infection and chronic disease
- Enhanced immune system
- Less obesity in childhood and adulthood



Breastfeeding Benefits the Baby

- Reduces the risk of infant mortality
- Reduces infant morbidity from infections such as gastro-intestinal infections and ear infections
- Enhances the child's natural immunity
- Reduces atopic disease such as eczema and respiratory problems
- Reduces the risk of diabetes
- Can result in increased intelligence
- Reduces the chance of obesity later in life
- Helps with digestion
- Can result in fewer dental problems later in life such as braces and cavities

Benefits of Breastfeeding



- Convenient
 - No mixing, measuring
- Fewer or no periods
 - Less anemia, bleeding
 - Shorter recovery
- Lose weight faster
- Reduced risks of:
 - Ovarian cancer
 - Breast cancer
 - Osteoporosis

Benefits of Breastfeeding

- \$\$\$\$\$\$
- Less waste
- Mutual needs of mom and baby are met
- Convenient for travel
- Safest in disaster setting and poverty



Benefits to the Hospital

- Warmer and calmer emotional environment
- Fewer neonatal infections
- Less staff time required
- Improved hospital image as “World Class Care”

Breastfeeding is Financially Sound

- The health benefits of breastfeeding reduce the cost of treatment of childhood infections
- If 25% more mothers breastfed, cutting down the rate of infection by 25%, a conservative estimate shows the savings could be in excess of \$850,000 per year

In the U.S., **not breastfeeding**
resulted in additional medical costs:
 Diarrhea **\$291 million**
 Respiratory virus **\$225 million**

(From: WABA: Breastfeeding : the Best Investment,
World Breastfeeding week -- 1998)

Environmental Impact

- Reduces the amount of waste; metal, paper and plastic going to landfills
- Reduces the need for bottles, nipples, disposable liners and feeding equipment
- Energy saving

Practices Which Discourage Breastfeeding

- Mother-infant separation after birth
- Suggesting mom “get some sleep”
- Interruptions/lack of privacy
- Incorrect information
- Lack of support
- Formula sponsored literature, gift packs
- Unnecessary formula supplementation
- Pacifiers/bottles
- Strict timing of feedings
- No role models or promotion efforts

MYTHS



- Formula is **same** as mother’s milk
- Need a “perfect diet”
- Small breasts won’t make enough milk
- Can’t nurse when mother or baby are sick or on meds

Practices Which Encourage Breastfeeding

- “Ten Steps”
- Positive verbal and non-verbal communication
- Early initiation, unlimited contact
- Appropriate literature
- Skilled assistance for problems

Adopting the Ten Steps Contributes:

- Excellence in family-centered maternity care
- Quality assurance by meeting international standards
- Increased satisfaction of staff and families
- Increased awareness and support of breastfeeding within the community

The Need for Education

- Promotion of breastfeeding depends on changing from a medical model to an education model
- Need to create realistic expectations about breastfeeding
- Information about breastfeeding needs to be available throughout pregnancy
- Appropriate resources must be available to mothers

What can Hospitals do?

- Review current hospital policy
 - Does it include national goals?
 - Does it meet JCAHO and other hospital standards?
 - Is there a training component?

Step 1:

Have a written breastfeeding policy that is routinely communicated to all health care staff.

Sample Policy

5. Show mothers how to breastfeed and how to maintain milk production in the event of separation from her baby.

The instruction and support given during the hospital stay allows mothers to acquire the knowledge and the necessary ability to nurse their babies such as positioning and latching onto the breast. In special cases where the baby will not take the breast, the mother is encouraged to maintain lactation by pumping her breasts.

From: BMP Hospital: Breastfeeding Policy, 1998

Why have a policy?

- Requires a course of action, provides guidance
- Helps establish consistent care for couplets
- Provides a standard that can be evaluated

What should the Policy Cover?

- Ten Steps to Successful Breastfeeding
- An institutional ban on free supplies of breast-milk substitutes, bottles, teats, gifts, samples or coupons, and use of materials distributed by proprietary formula companies

International Code of Marketing of Breastmilk Substitutes

- ✓ No advertising of products under the scope of the code to the public
- ✓ No free breastmilk samples for mothers.
- ✓ No promotion of products in health care facilities, including the distribution of free or low-cost supplies
- ✓ No company reps to advise mothers
- ✓ No gifts of personal samples to health care workers

“WHO Code” (cont)

- ✓ No words or pictures idealizing artificial feeding, including pictures of infants on products
- ✓ Information to health workers should be scientific and factual.
- ✓ All information on artificial feeding, including the labels should explain the benefits of breastfeeding and all costs and hazards associated with artificial feeding
- ✓ Unsuitable products such as sweetened, condensed milk should not be promoted for babies
- ✓ Products should be of a high quality and take account of the climatic and storage conditions of the country where they are used

How to Present the Policy

- Use plain language to address each step
- Senior nursing officer on maternity duty should be able to locate a copy of the policy and describe how the other staff are made aware of it
- Make it available to all staff caring for mothers and babies
- Post or display it in areas where mothers and babies are cared for

Step 2:

Train all health care staff in skills necessary to implement this policy.

Training should include:

- Advantages of breastfeeding
- Mechanisms of lactation and sucking
- Helping mothers initiate and sustain breastfeeding
- How to assess a breastfeeding session
- How to resolve breastfeeding difficulties
- Importance of feeding on cue
- Proper Positioning and attachment
- Risks of artificial feeding and using pacifiers
- Hospital breastfeeding policies and practices

Step 3:

Inform all pregnant women about the benefits and management of breastfeeding.

Prenatally

- Have you thought about how you'll feed your baby?
- Have you heard/seen/read about breastfeeding?
- My sister/mother/wife breastfed....
- Stages of change

Prenatal education should include:

- The benefits of breastfeeding
- The benefits of early initiation
- The importance of rooming in/ learning baby's cues
- The importance of feeding on cue
- How to assure enough milk
- Proper positioning and attachment
- The importance of exclusive breastfeeding
- The risk of using bottles and pacifiers

"Prenatal education should not include formula preparation methods."

Step 4:

Help mothers initiate breastfeeding within the first half-hour after birth.

Get started right after delivery!

- Baby is most alert in the first 1-2 hours
- Baby will be eager by 20-30 minutes
- Mom has a burst of energy
- Helps the placenta release

Why initiate so soon?

- Allows for skin to skin contact between mother and child, providing emotional attachment and hormonal stimulation for milk production
- Provides colostrum, baby's first immunization
- Takes advantage of the first hour of alertness

How to initiate within 30 minutes:

- Keep mother and baby together
- Place baby on mother's chest
- Let the baby start nursing when ready
- Do not hurry or interrupt the process

Step 5:

Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

Milk Production Cycle:

- Baby's sucking stimulates production of milk
 - Lactogenesis I, II, III
 - Reflex arc
- DeCarvalho's Study showed the importance of stimulation in first 4-6 hours of life and first 72 hours of life for maximum milk production
- Milk must be expressed during separation to maintain supply

Step 6:

Give newborn infants no food or drink other than breastmilk, unless medically indicated.

Supplementary feeding in the first few days after birth is associated with:

- Four times the risk of being weaned by three months
- Increased risk of food allergies and asthma

Step 7:

Practice rooming-in; allow mothers and infants to remain together - 24 hours a day.

Rooming-in:

- Has a positive effect on duration
- Unlimited contact between mother and child
- Enhances mother-infant bonding
- Babies sleep more quietly than those who are separated

Benefits of rooming-in:

- Cost effective
- Requires minimal equipment
- Requires no additional personnel
- Reduces infection
- Helps establish and maintain breastfeeding
- Facilitates the bonding process which can positively affect breastfeeding duration rates

Step 8:

Encourage breastfeeding on cue.

Breastfeeding on cue results in:

- Earlier passage of meconium
- Decreased weight loss
- Breastmilk flow is established sooner
- Larger volume of milk intake on day three
- Less incidence of jaundice

Step 9:

**Give no artificial teats or pacifiers
(also called dummies or soothers) to
breastfeeding infants.**

Step 10:

Foster the establishment of support groups and refer mothers to them on discharge from the hospital or clinic.

Support Groups

• La Leche League “Warm Line”

- Northern Virginia 703-534-8548
- DC, Maryland, Delaware 202-269-4444
- National 800-525-3243
